

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE: XXXXXXXX
2ND PUBLISHING DATE: XXXXXXXX
3RD PUBLISHING DATE: XXXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

WATER TAXI OPERATOR

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: 4712 ADMIRALTY WAY #433
MARINA DEL REY, CA 90292
NAME OF APPLICANT: STEVEN LEIGH / STEVEN HOWARD LEIGH
DATE OF HEARING: 01/27/2016
TIME OF HEARING: 09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142844

4712 Admiralty Way #433
Marina del Rey, CA 90292

BUSINESS INFORMATION

Type of Business: <u>Water Taxi Operator</u>	Address of Business: <u>[REDACTED]</u>
Start Date (Projected): <u>4/1/2016</u>	Business Telephone: <u>818-749-5183</u>
DBA (Business Name): <u>Steven Leigh</u>	Mailing Address: <u>Same</u>
Sellers Permit # (State Board of Equalization): _____	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required:	
Date of Incorporation: _____	Incorporated in the State of: _____
Exact Corporate Name: _____	
Names of Officers	Addresses

APPLICANT INFORMATION

Applicant's Full Name: <u>Steven Howard Leigh</u>		
Home Address: <u>[REDACTED] Drive, [REDACTED], CA [REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>SHL@StevenLeigh.com</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input checked="" type="checkbox"/> Female _____	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u> Hair Color: <u>[REDACTED]</u> Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 11/12/15 Applicant's Signature: [Signature]

Application taken by: [Signature]

Date: 11/12/15

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline
1-800-544-6861



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4712 Admiralty Way #433 Marina Del Rey Ca 90292

TELEPHONE: (818) 749-5183

OWNER OF BUSINESS: STEVEN H LEIGH

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME:

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS: 04/01/2016

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	12/31/15	tchen
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/22/15	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/30/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4712 Admiralty Way #433 Marina Del Rey Ca 90292

TELEPHONE: (818) 749-5183

OWNER OF BUSINESS: STEVEN H LEIGH

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME:

MAILING ADDRESS: [REDACTED] C. [REDACTED]

DATE THAT YOU STARTED BUSINESS: 04/01/2016

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: R. Leigh

DATE: 01/05/2016

BASIC LICENSE NO. 1573

DATE 12/15/15

IDENTIFICATION NUMBER 142844

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: ~~██████████~~ 4712 Admiralty Way #433 Marina Del Rey Ca 90292

TELEPHONE: (818) 749-5183

OWNER OF BUSINESS: STEVEN H LEIGH

CAL. DR. LIC.#: ~~██████████~~

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME:

MAILING ADDRESS: ~~██████████~~ ~~██████████~~ ~~██████████~~ ~~██████████~~

DATE THAT YOU STARTED BUSINESS: 04/01/2016

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

STEVEN'S CELL#
818-360-0157

TREASURER & TAX COLLECTOR
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: WLS

DATE: 12-21-15

